

**EXAMINATION CONFIDENTIALITY AGREEMENT**

1800 37A-640 (REV. 5/99)

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814-6240

TELEPHONE: (916) 445-4933 TDD: (916) 322-1700

WEBSITE ADDRESS: <http://www.bbs.ca.gov>

An applicant taking an examination for licensure as a Licensed Clinical Social Worker, Marriage and Family Therapist, or Licensed Educational Psychologist is required to follow the provisions of California Business and Professions Code sections 123 and 584, and is **NOT ALLOWED TO DO ANY OF THE FOLLOWING:**

1. Have an impersonator take the examination on one's behalf;
2. Impersonate another to take the examination on that person's behalf;
3. Communicate examination content with another examinee or with any person other than the examination staff;
4. Reproduce or make notes of examination materials and/or content and reveal them to others who are preparing to take the examination, or to those who are preparing other candidates to take the examination; and,
5. Obstruct the administration of the examination in any way.

Violation of any of the above rules or verbal directives of the test administrators, oral examiners, or examination staff will disqualify the candidate from the examination. The Board of Behavioral Sciences may also initiate administrative action to deny issuance of a license, and the candidate may incur liability for the actual damages sustained by the board, not to exceed ten thousand dollars (\$10,000.00), and the costs of litigation.

**COMPLETE THIS SECTION**

*I have read and fully understand the above requirements, and I affix my signature to signify compliance to said rules and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.*

LICENSE APPLICATION TYPE      LCSW ☐      MFT ☐      LEP ☐

CANDIDATE'S NAME (print) \_\_\_\_\_

BBS FILE NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CANDIDATE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_